

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33123

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph ✓ Registration District No. 13
 (b) Township Union Primary Registration District No. 3034 Registered No. 183
 (c) City _____ (d) Street No. 5971 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie Clark 462
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. W. Blakey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13th 1855
 7. AGE YEARS 83 MONTHS — DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938 to Sept 23rd 1938

I last saw h. sr alive on Sept 7th 1938. Death is said to have occurred on the date stated above, at 7^{am}.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. B. Rudolph M. D.

(Address) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 13. NAME William Scott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Betty Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Mrs Emmett Fleming
R. D. Moberly
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Sept 25th 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mutton and Son
Moberly Mo
 20. FILED Sept 27 19 38 Etha Blakey Local Registrar

RECEIVED

District Health Officer No. 10

District File Number 10-38-356

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank D. D. W.

Licensed Embalmer No. 3021

P. O. Address Mobile

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.